



## Notice of Independent Review Decision - WC

### IRO REVIEWER REPORT – WC

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**DATE OF REVIEW:** 08/07/12

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

3 x 4 Weeks Physical Therapy for Lumbar Spine

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

3 x 4 Weeks Physical Therapy for Lumbar Spine - UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- DWC Form 73,
- Visit Summary, Dr.
- Office Visit,
- Orthopedic Examination,
- Pre-Authorization,
- Correspondence,
- Notice of Denial of Pre-Authorization, Broadspire,
- Employee Request to Change Treating Doctor,

- Reconsideration Request,
- Notice of Reconsideration, Broadspire,

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The described mechanism of injury was not documented in the records submitted for review. The patient was evaluated. On that date, the claimant was with symptoms of low back pain primarily on the right side. Symptoms were described as a one on a scale of one to ten with ten being severe pain.

Dr. reassessed the patient on. On that date, there was no documentation of a focal neurological deficit. There was documentation of a negative straight leg raise in the lower extremity.

A letter was available for review from Dr. at which time it was recommended the patient receive access to treatment from a specialist in the field of pain management.

The records available for review indicate that past treatment did include at least twelve sessions of physical therapy as well as twelve sessions of chiropractic treatment.

The patient received a medical evaluation by Dr. There was no documentation of a focal neurological deficit.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The records available for review document that previous medical treatment did include access to treatment in the form of supervised physical therapy services as well as chiropractic treatment services. The records available for review do not document the presence of a focal neurological deficit on physical examination. Per criteria set forth by Official Disability Guidelines, it would be realistic to expect that an individual would be capable of a proper non-supervised rehabilitation regimen for the described medical situation when an individual is this far removed from the onset of symptoms and when an individual has received access to supervised rehabilitation services previously. As such, in this specific case per criteria set forth by the above-noted reference, medical necessity for treatment in the form of supervised physical therapy services is currently not established.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE  
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☒ ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES